

Kentucky Board of Pharmacy  
State Office Building Annex, Suite 300  
125 Holmes Street  
Frankfort, KY 40601  
Phone 502-564-7910 Fax 502-696-3806  
WEBSITE <http://www.pharmacy.ky.gov>

**CHARITABLE PHARMACY TECHNICIAN REGISTRATION RENEWAL**

Please print legibly. Return the completed application to the Kentucky Board of Pharmacy. Upon receipt in the Board office, your application will be processed. Please allow 3 to 5 business days for this process. Your registration certificate will be mailed to you within 3 to 5 business days from receipt. KRS 315.136 requires a pharmacy technician to possess a current pocket registration card at all times when assisting in the practice of pharmacy.

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.**

Pursuant to KRS 315.121 [1]1k], the address listed on your pharmacy technician registration certificate must be your home address. Failure to provide this address or inform the Board of a change of this address within 14 days may result in disciplinary action taken against your registration.

Registration Number \_\_\_\_\_

Name \_\_\_\_\_ Gender (check one): ☐ Male ☐ Female

Street \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License/State ID Number \_\_\_\_\_  
[Please include the state of issuance]

**Primary Place of Employment:** [Please provide secondary places of employment on additional sheet and attach.]

Pharmacy/Business Name \_\_\_\_\_

Kentucky Pharmacy Permit Number \_\_\_\_\_ Phone No. \_\_\_\_\_

**YOUR APPLICATION FOR REGISTRATION WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.**

A positive response to questions A through D require a detailed explanation and submission of court and sentencing documents, police reports and other related documents.

- A. Have you ever been convicted of a felony not previously reported to the Board?  
\_\_\_\_\_ YES, attach an explanation/documents \_\_\_\_\_ NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws not previously reported to the Board?  
\_\_\_\_\_ YES, attach an explanation/documents \_\_\_\_\_ NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy not previously reported to the Board?  
\_\_\_\_\_ YES, attach an explanation/documents \_\_\_\_\_ NO
- D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy not previously reported to the Board?  
\_\_\_\_\_ YES, attach an explanation/documents \_\_\_\_\_ NO
- E. Are you currently licensed, certified or registered as a pharmacy technician in any other state not previously reported to the Board? \_\_\_\_\_ YES, please list \_\_\_\_\_ NO
- F. Are you certified as a pharmacy technician with a national organization not previously reported to the Board?  
\_\_\_\_\_ YES, please list \_\_\_\_\_ NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.137(1)(c).

DATE

SIGNATURE